Premium rate increases can occur at any time during the calendar year with authorization from the New Jersey Department of Banking and Insurance (DOBI). When DOBI authorizes a rate increase, it notifies the SHIP Office which revises the monthly premium rate and date on the comparison chart. The premiums listed are accurate as of the date on this chart, and reflect the company's filing with DOBI. Some companies may offer premium discounts for various reasons. Contact the company for more information.

## INDIVIDUAL MEDICARE SUPPLEMENT COVERAGE SOLD IN NEW JERSEY BY HORIZON BLUE CROSS / BLUE SHELD OF NEW JERSEY

**UNDER 50 PLAN** 

TELEPHONE: 1-800-224-1234

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS PLAN PAYS				MEDICARE PART A SKILLED NURSING FACILITY (SNF) COSTS PLAN PAYS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.) PLAN PAYS			OTHER PLAN PAYS			
PLAN	MONTHLY PREMIUM	* COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	** PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$1,068 DEDUCT. (2009)	\$267 COPAY FOR DAYS 61-90 (2009)	\$534 COPAY	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$133.50 COPAY FOR DAYS 21-100 (2009)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$135 ANNUAL DEDUCT. (2009)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCT.	FOREIGN TRAVEL EMERGENCY	AT-HOME	PREVENTIVE MEDICAL CARE
С	\$257.14	YES	3 mos.	YES	YES	YES	YES	YES			YES	YES		YES	YES		

<sup>\*</sup> APPLICATIONS CANNOT BE TURNED DOWN FOR COVERAGE DURING THE FIRST SIX (6) MONTHS OF ENROLLMENT IN MEDICARE PART B (OPEN ENROLLMENT). APPLICANTS WHO HAVE HAD MEDICARE PART B FOR MORE THAN SIX (6) MONTHS MAY BE DENIED COVERAGE, UNLESS THEY ARE IN A GUARANTEE ISSUE SITUATION. NOTE: ALL DISABLED AND KIDNEY FAILURE BENEFICIARIES WILL HAVE A NEW SIX (6) MONTH OPEN ENROLLMENT PERIOD BEGINNING WITH THE MONTH THEY TURN 65 AND HAVE PART B OF MEDICARE DURING WHICH TIME THEY CAN PURCHASE ANY MEDICARE SUPPLEMENT PLAN OF THEIR CHOICE BEING SOLD BY THE INSURANCE COMPANY.

STATE OF NEW JERSEY STATE HEALTH INSURANCE ASSISTANCE PROGRAM S.H.I.P.

DEPT. OF HEALTH & SENIOR SERVICES

<sup>\*\*</sup> PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY.